

LAC or LAMFT SUPERVISION AGREEMENT

I. TO BE COMPLETED BY SUPERVISOR

I _____ agree to provide supervision of the type stated below for the total of _____ months. I understand that supervision will be provided at the required ratio as stated in a, b, or c of number one below. I also agree to evaluate the performance of the supervisee on the supervision evaluation form provided by the Board.

II. TO BE COMPLETED BY THE SUPERVISEE

I _____ agree to present myself for supervision to the above-named supervisor in agreement with the ratio approved by the Board and format arranged with the supervisor. I understand that to complete supervision:

1. The supervision hours must be:
 - a. Phase I: 1000 hours at the ratio of 1:10 (1 hour of supervision for each 10 client contact hours)
 - b. Phase II: 1000 hours at the ratio of 1:15 (1 hour of supervision for each 15 client contact hours)
 - c. Phase III: 1000 hours at the ratio of 1:30 (1 hour of supervision for each 30 client contact hours)
2. A supervision agreement must be approved by the Board, prior to any actual performance of counseling on my part.
3. A supervision evaluation and CCH report must be submitted to the Board every **six calendar months** after license issue date.
4. A current, Board-approved supervision agreement must be on file at **all** times and is a condition of the LAC or LAMFT license until the LPC or the LMFT license is received. **A new supervision agreement must be submitted prior to the expiration date of this supervision agreement, or prior to a change of supervisors.**
5. I understand that no more than fifty percent (50%) of the supervision time may be conducted in a group format. Fifty percent (50%) must be individual (face-to-face) supervision.
6. Phase II and Phase III may be met by substituting post-master's graduate work in counseling, not to exceed 60 semester graduate hours. No substitution may be made for Phase I.

1-6 complete Arkansas requirements. If planning to apply for National Clinical membership from AAMFT, you must have 50% of 2000 CCH's with couples or families, and 500 CCH's in the ratio of 1 hour supervision for each 5 hours of client contact. Course work may not be substituted for CCH's as required by the American Association of Marriage and Family Therapists (AAMFT).

III. TO BE COMPLETED BY SUPERVISEE AND SUPERVISOR

AREAS OF SUPERVISION AS SPECIFIED IN STATEMENT OF INTENT

Requested by Supervisee
1. _____
2. _____
3. _____
4. _____

Approved by Supervisor
1. _____
2. _____
3. _____
4. _____

I understand that an evaluation and report must be submitted every six-calendar months after licensure.

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

IV: TO BE COMPLETED BY BOARD/BOARD OFFICE

Board Approval: _____ Date: _____

Board Chair

This Supervision Agreement will expire: _____

Fax not accepted. Mail signature original to:

Arkansas Board of Examiners in Counseling P.O. Box 70 Magnolia, AR 71754-0070